

British Paediatric Association and British Association of Paediatric Surgeons

Joint Meeting at Aberdeen 9-11 September 1971

The first joint meeting of the two Associations was held in King's College, Aberdeen, on 9 to 11 September 1971. 112 doctors attended, together with many wives and children, the numbers being almost equally divided between surgeons and physicians; a considerable number of overseas BAPS members were present.

The Scientific Meeting was made up of four symposia covering the care of the surgical neonate; accidents in childhood; intravenous feeding; and solid tumours; together with sessions of submitted papers.

Mock Malignancies in the Urinary Tract. D. I. Williams (*London*). The relative success of recently introduced forms of chemotherapy in childhood malignancies has led to their more frequent and earlier use with a considerable risk that they will be used unnecessarily in non-malignant cases and delay correct diagnosis. This is not only unnecessary but can be positively dangerous, particularly in the neonatal cases where the mortality from, for instance, actinomycin D therapy is by no means negligible. The paper is concerned to review the mock malignancies in the urinary tract and to indicate the proper diagnostic approach for suspected cases.

In the kidney any mass can occasionally be suspected of neoplasm, but simple diagnostic tests should sort out the great majority. The misleading ones can be due to vascular anomalies, as in some forms of renal vein thrombosis, to acute infection, as in renal carbuncle, and to hamartoma particularly in the neonate and in later childhood in the multilocular cyst of the kidney. In the retroperitoneal tissues, adrenal haematoma can be misleading, as can lymphangioma and haemangioma on the posterior abdominal wall.

In the bladder there is an important group of cases under the general heading of 'cystitis' (follicular and eosinophilic) which can produce polypoid changes in the bladder mucosa simulating rhabdomyosarcoma. In the posterior urethra a solitary polyp may be large enough to be mistaken for a tumour. Hamartomata in the form

of neurofibromatosis are another pitfall in diagnosis in the lower urinary tract. Inflammatory lesions can also be misleading at this level, such as appendix abscess, pericystitis, and thermometer injury to the rectum simulating tumour in the true pelvis.

Lower Urinary Obstruction in Infancy. Review of Lesions and Symptoms in 165 Cases. S. Tsingoglou and J. A. S. Dickson (*London*). (Page 215 of this issue.)

Intra-abdominal Injuries in the Battered Baby Syndrome. P. Gornall, S. Ahmed, A. Jolleys, and S. J. Cohen (*Manchester*). (Page 211 of this issue.)

Meconium Ileus: Immediate and Long-term Survival. J. F. McPartlin, J. A. S. Dickson, and V. A. J. Swain (*London*). (Page 207 of this issue.)

Some Problems in Surgical Management of Children with Hiatus Hernia. J. Lari and J. Lister (*Sheffield*). (Page 201 of this issue.)

Choice of Antibiotics in Management of Children with Peritonitis Complicating Acute Appendicitis. H. Steiner (*Newcastle*). There is no general agreement about the type of antibiotics that should be used in the postoperative management of children with peritonitis before information about the sensitivities of the bacteria isolated from the peritoneal cavity is obtained.

This retrospective survey describes the results of treatment with oxytetracycline alone, or in combination with streptomycin in 130 children with peritonitis (among the 372 children with acute appendicitis admitted to the children's wards of the Royal Victoria Infirmary, Newcastle upon Tyne, during January 1963/December 1967). The addition of streptomycin to oxytetracycline increased the percentage of peritoneal bacteria sensitive to at least one of these antibiotics given immediately after operation from 67% to 87%. The incidence of postoperative abdominal sepsis was wound sepsis 26%, pelvic abscess 4%, subphrenic abscess 1%. There was a significant increase in postoperative